

**Report Name:** Therapy Request Letter

**Report Code:** DD-213 (2-03)

**Description:** Requests therapy authorization from Doctor

**Purpose:** Letter defines the therapy (physical, speech and/or occupational), amount and duration as identified in Individual Support Plan (ISP). The Doctor (PCP) is asked to agree with recommendations and return signed letter to the Division.

**Distribution:** Support Coordinators

**Frequency:** At ISP

**Modifications:**

Date	Report Fixed	Modification	Reason for Modification

TYPECODE	Department of Economic Security				Page: #
TYPE_CODE	Division of Developmental Disabilities				
As of [REPORT_DATE]	<report title>				Print: [Today]
<layout of group headers>					
<detail field header1>	<detail field header2>	<detail field header3>	etc..	etc..	
<detail data descr1>	<detail data descr2>	<detail data descr3>	etc..	etc..	
<layout of group footers>					
<layout of page/report footers>					